
Letters to the Editor

**THE METHOD OF STIMULATED SERIAL REPETITIONS
OF GYMNASTIC EXERCISES IN THERAPY OF AUTISTIC
CHILDREN**

We have been formulating a movement therapy technique with autistic children. The thesis was formulated that there is feedback between receptors receiving external stimuli as manifested in an act of movement, and the cortex in which data processing takes place. Data processing is correlated with the strength of stimuli, which in turn leads to reactions of the cortex. According to Blackstock (1992) such a stimulation affects the healthy and proper development of the brain which in its further function is involved in each human activity. A similar observation was made by Canadian researchers who observed a need for intensive exercises to achieve a therapeutic effect (Elliott, Dobbin, Rose, & Soper, 1994).

The most widely known and applied methods of therapy through movement in autistic children (Scherborne, Doman, Kaufman) do not take into consideration the strength of the stimulus as the necessary stimulator to bring about the given reaction (Bogdanowicz, Kisiel, & Przasnyska, 1992; Kaufman, 1991). Our method of stimulated serial repetition of gymnastic exercises incorporated the strength, frequency, and duration of the stimulus. The method of intensification is based on the assumption that repetition of exercises in the right time is of importance. Repetition of exercises at a given time was frequently met with reluctance and resistance. Intensification was enriched by direct help of a therapist or parent. Their help was provided to initiate movement or to reinforce it. Exercises are repeated in series with a minimum of 5 repetitions in one series. Initially two to three series of exercises were used with breaks from $\frac{1}{2}$ to $1\frac{1}{2}$ minutes between them. As the skill improved, the number of exercises in one series was increased going up to as much as 30 repetitions, for example, jumps on the trampoline. The number and time of repetitions was registered on a special monthly observation sheet. Any change was noted on the reverse of the sheet. Separate therapeutic programs were prepared for home and for the Center.

It seemed advantageous to offer the child choice on the form of intensified exercise, depending on preference and degree of physical disability.

The controversial aspect of this method is the so-called closed form which does not allow for freedom in the selection and carrying out of activities or their complexity. Concerns have also been raised over the difficulty and also the weariness resulting from continuous repetitions. When this occurs, the child needs to be observed and the exercise regime reduced to a simpler level. This approach was used in the Gdańsk Autistic Center and the first results were published in Wrocław, Poznań, and Prague (Szot, 1995).

Four-year observations confirmed the impression there was a positive correlation between both the repetition and changes in exercises and changes in the child's behavior. The key factor of this method and its success is being consistent in actions.

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SIDE EFFECTS ASSOCIATED WITH PSYCHOACTIVE MEDICATION IN INDIVIDUALS WITH AUTISM

Your readers may be interested in a survey that we published recently (Aman, Van Bourgondien, Wolford, & Sarpfhere, 1995). We surveyed the prevalence and patterns of psychotropic and antiepileptic medications and vitamins used by members with autism in the Autism Society of North Carolina. To the best of our knowledge, this is the first scientific survey ever to look at medication prevalence in people with autism. In all, 838 care providers replied to our mail survey. Because of journal-imposed space

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